

APPLICATION FOR NAVY CONTRACT POSITIONS
THIS IS NOT A CIVIL SERVICE POSITION

LB-03-03

April 28, 2003

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE 19 May 03 SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: CODE 02 22A
1681 NELSON STREET
FORT DETRICK, MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil.
TELEPHONE: 301-619-3016

A. NOTICE. This position is set aside for individuals certified as either a Certified Ophthalmic Assistant, (COA), OR Certified Ophthalmic Technician (COT), OR, Certified Ophthalmic Medical Technologist (COMT). Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. COA/COT/COMT. The Government is seeking to place under contract, an individual who possesses either COA, COT, or COMT certification as determined by the Joint Commission on Allied Health Personnel. This individual must also (1) meet all the requirements contained herein; and (2) competitively win this contract award.

You shall serve as a COA/COT/COMT in support of the Ophthalmology Department and or the Corneal Refractive Surgery Program for the Naval Hospital Camp Lejeune.

You shall provide 80 hours of service every two weeks. Services shall be provided for an 8.5 (to include .5 hours uncompensated for lunch) or 9 hour (to include 1 hour uncompensated for lunch) period between the hours of 0700 and 2000. Services shall typically be provided Monday through Friday, however, Saturday morning services may be required. Specific hours will be scheduled by the Commanding Officer. Should services be required at one of the branch medical clinics of the medical center, the health care worker shall be given 1 to 2 weeks advance notice prior to such a change in location. Such changes will be temporary. The health care worker shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other medical duties.

You shall accrue eight hours of personal leave per 80 hour period worked. Personal leave shall be used for absences due to both sickness and planned vacations. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. Statement of Work

A. The use of "Commanding Officer" means Commanding Officer, Naval Hospital Camp Lejeune, or designated representative, e.g., Technical Liaison or Department Head.

B. Suits arising out of Medical Malpractice. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. Duties and Responsibilities. You are responsible for delivery of treatment within the personnel and equipment capabilities of the MTF, provision of mandated medical surveillances and preventive services, and the quality and timeliness of treatment records and reports required to document procedures performed and care provided..

Administrative and Training Functions: You shall provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsman, technicians and students) assigned to you during the performance of clinical procedures. You shall perform limited administrative duties, which include the following: maintaining statistical records of clinical workload, participating in education programs and research, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commanding Officer and/or supervisors in the chain of command. Additionally, you shall:

1. Participate in the provision of monthly in-service training to non-health care-practitioner members of the clinical and administrative staff on subjects related to eye care.
2. Participate in weekly and monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of regular working hours, the health care worker shall be required to read and initial the minutes of the meeting.
3. Attend that portion of the command orientation classes that provides an overview of command resources and emergency response.
4. Attend all annual retraining classes required by this command.
5. Family Advocacy. Participate in the implementation of the Clinic's Family Advocacy Program as directed.
6. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

Clinical Duties.

1. You shall perform the following functions:
 - Perform basic visual acuity tests
 - Measure and record distance and near vision; perform color testing and pinhole vision
 - Perform Contrast Sensitivity testing
 - Perform Lensometry

- Perform Autorefraction and Auto keratometry
- **Perform basic ocular motility tests**
- Perform visual field testing – automated and manual
- Perform Ophthalmic photography
- Perform and assess Corneal topography
- Assist during surgery
- Perform Glare Testing
- Teach Contact Lens care
- Perform manifest and retinoscopic refraction (training will be provided if necessary)

2. Direct the flow of patients: obtain patient medical and personal data, and arrange for laboratory and other tests, ophthalmic photography, outpatient studies, and patient admissions and surgery as requested by the physician. Alleviate patient and family concerns by explaining diagnostic procedures and referring specific questions to the doctor.
3. Screen walk-in patients, emergency patients, and telephone calls from patients and referring physicians to determine appropriate physician and priority of appointments.
4. Perform inspection and preparation of instruments, materials, and equipment to ensure that they are clean and in proper working condition.
5. Sterilize and set up instruments for surgical procedures; assist with minor office surgery, laser treatments, and operating room surgery as required.
6. Perform inventory of assigned examination rooms to ensure adequate supplies are in stock. This shall be coordinated with the supply officer of the Ophthalmology Department and the CRS Program to ensure all supply requests are met.
7. Adhere to infection control guidelines and practice universal precautions.
8. Be responsible for the safe and effective operation of equipment used in patient care and contribute to a safe working environment. This shall include the safe practice of emergency procedures, proper handling of hazardous materials, and maintenance of physical security.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess at least 1 year experience within the preceding 3 years as a COA/COT/COMT, performing functions such as the following: testing visual acuity, testing color vision, performing automated visual fields, performing corneal topography, performing applanation tonometry, performing slit lamp photography, and assisting in surgical procedures.
2. Possess a basic knowledge of ocular physiology, anatomy, pathology, optics, refraction, and contact lens principles.
3. Possess a basic knowledge of ophthalmic procedures, instrumentation, and techniques as related to the field of eye care.
4. Possess certification as a certified ophthalmic assistant (COA), or certified ophthalmic technician (COT), or certified ophthalmic medical technician (COMT) as determined by the Joint Commission on Allied Health Personnel or shall acquire certification within one year after award of the contract.
5. Provide two letters of recommendation from practicing ophthalmologists, physicians, or optometrists, attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address, and signature of the individual providing reference and must be written within the preceding 5 years.

6. Be eligible for U.S. employment. Provide copies of supporting documentation per Attachment 3.
8. Represent an acceptable malpractice risk to the Navy.

E. Factors to be used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Statement" and Letters of Recommendation will be used to evaluate these items.

1. Experience and training as it relates to the duties contained herein. Candidates with certification as a certified ophthalmic assistant (COA), or certified ophthalmic technician (COT), or certified ophthalmic medical technician (COMT) as determined by the Joint Commission on Allied Health Personnel, subspecialty certification in Ophthalmic Surgical Assisting and those with experience with Excimer laser refractive surgery may be ranked more highly; then, .
2. The letters of recommendation required in item D.6, above, may enhance your ranking if they address such items as clinical skills, professionalism, or other areas of expertise; then,
3. Prior medical experience in an DoD medical facility; then,
4. Total Continuing Education hours.

F. Instructions for Completing the Application. To be qualified for this contract position, you must submit the following:

1. _____ A completed* " Personal Qualifications Sheet – Ophthalmology Technician " (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).
4. _____ Three or more letters of recommendation per paragraph D.5., above.
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

G. Other Information for offerors.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access/Handbooks.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.dlis.dla.mil/> . This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an

individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 621999.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed via email to Acquisitions@nmlc.med.navy.mil. SUBJECT: Code 02 22A LB-03-03 or by telephone at (301) 619-3016.

We look forward to receiving your application.

ATTACHMENT I

PERSONAL QUALIFICATIONS SHEET - OPHTHALMOLOGY TECHNICIAN

1. Every item on this Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) you are responding to).
2. The information you provide will be used to determine your acceptability based on Section D. of the application. **In addition to this Personal Qualifications Sheet, please submit two letters of recommendation as described in Item VII. of this form.**
3. After contract award, all of the information you provide will be subject to verification after award. At that time, you will be required to provide the following documentation to verify your qualifications: Professional Education certification or professional licensure, experience, BLS -C card (or equivalent), continuing education certificates and, employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that your are no longer eligible for future Government contracts.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under this contract. By signing this form, you have acknowledged this requirement.
5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim?*	___	___
2. Have you ever been a defendant in a felony or misdemeanor case?*	___	___
3. Has your license or certification to practice ever been revoked or restricted in any state?*	___	___

*If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the remainder of the Personal Qualifications Sheet is requested for use in consideration of a contract; disclosure of this information is voluntary; failure to provide this information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

Personal Qualifications Sheet – Ophthalmology Technician**I. General Information**

Name: _____ SSN: _____
 Last First Middle
 Address: _____ e-mail _____

 Phone: (____) _____

II. CERTIFICATION OF EXPERIENCE AND SKILLS. You may provide a description of your experience in these various areas on a separate page.

YES NO

I have experience in testing visual acuity, color vision testing, _____
 automated visual fields, performing corneal topography, performing applanation
 tonometry, performing slit lamp photography, and assisting in surgical procedures. _____

Describe your experience, and how many years you have been performing these procedures:

I possess a basic knowledge of ocular physiology, anatomy, pathology, _____
 Optics, refraction and contact lens principles. _____

I possess a basic knowledge of ophthalmic procedures, instrumentation, _____
 and techniques as related to the field of eye care. _____

I have ____ years experience in operating an Excimer laser system. [Enhancing factor]

I have ____ years experience with PRK and LASIC procedures. [Enhancing factor]

I have ____ years experience in assisting in refractive surgical procedures. [Enhancing factor]

I have ____ years experience in patient selection and care of refractive surgery patients. [Enhancing factor]

I have ____ years experience dealing with the U.S. Navy medical supply system, equipment procurement, and DMLSS (military supply system software). [Enhancing factor]

I can perform manifest refraction with the phoropter. Yes No

I hereby certify the above responses to be true.

Signed

Dated

III. Professional Certification as determined by the Joint Commission on Allied Health Personnel.

Certified Ophthalmic Assistant (COA) _____ Date

Certified Ophthalmic Technician (COT) _____ Date

Certified Ophthalmic Medical Technician (COMT) _____ Date

Subspecialty Certification in Ophthalmic Surgical Assisting _____ Date

IV. **Basic Life Support.** Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card: _____

Expiration Date: _____(mm/yy/dd)

V. **Professional Employment:** List your current and preceding employers. Provide dates as month/year. If more space is required, please use a separate sheet of paper.

Name and Address of Present Employer

From

To

(1) _____

Describe the work performed:

Names and Addresses of Preceding Employers

From

To

(2) _____

Describe the work performed:

(3) _____

From

To

Describe the work performed:

Are you are currently employed on a Navy contract? If so, where is your current contract and what is the position?

VI. Continuing Education:

<u>Title Of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII. Professional References:

Provide two letters of recommendation from practicing ophthalmologists, physicians or optometrist attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference and must be written within the preceding 5 years.

VIII. Employment Eligibility:

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility contained in Attachment 3?	_____	_____

IX. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

X. I hereby certify the above information to be true and accurate:

_____	_____ (mm/dd/yy)
(Signature)	(Date)

ATTACHMENT 2

NL-05-03

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 23 June 2003. Five option periods will be included which will extend services through 22 June 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Ophthalmology Technicians in the Camp Lejeune, NC area. The hourly price should include consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Ophthalmology Technician at the Naval Hospital Camp Lejeune, NC in accordance with this Application and the resulting contract.				
0001AA	Base Period; 23 Jun 03 thru 30 Sep 03	576	Hour	_____	_____
0001AB	Option Period II; 1 Oct 03 thru 30 Sep 04	2096	Hour	_____	_____
0001AC	Option Period III; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AD	Option Period IV; 1 Oct 05 thru 30 Sep 06	2080	Hour	_____	_____
0001AD	Option Period IV; 1 Oct 06 thru 30 Sep 07	2080	Hour	_____	_____
0001AF	Option Period V; 1 Oct 07 thru 22 Jun 08	1520	Hour	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____

Printed Name _____

Signature _____ Date _____

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal

ATTACHMENT 3

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6. Military dependant's ID Card

7. U.S. Coast Guard Merchant
Mariner Card

8. Native American tribal document

9. Driver's license issued by a
Canadian government authority

For persons under age 18 who
are unable to present a
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

4. Native American Tribal document

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident
Citizen in the United States
(INS Form I-179)

7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a).

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.dlis.dla.mil/> If you do not have internet access, please call (301) 619-3023 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 02 21L
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-2925 or (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ () The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ ___ Black American.
- ☐ ___ Hispanic American.
- ☐ ___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ ___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ ___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : _____

Notice of Contracting Opportunity No.: _____